

CLAIMS ONLY						Application Number <b>09/726535</b>	Filing Date	
						Applicant(s)		
						* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/				51	
2			/				52	
3			/				53	
4			/				54	
5			/				55	
6			/				56	
7			/				57	
8			/				58	
9			/				59	
10			/				60	
11			/				61	
12			/				62	
13			/				63	
14			/				64	
15			/				65	
16			/				66	
17			/				67	
18			/				68	
19			/				69	
20			/				70	
21			/				71	
22			/				72	
23			/				73	
24			/				74	
25			/				75	
26			/				76	
27			/				77	
28			/				78	
29			/				79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep			3				Total Indep	
Total Depend			26				Total Depend	
Total Claims			29				Total Claims	

BEST AVAILABLE COPY